Complete Summary

TITLE

Major depression in adults in primary care: percentage of patients who have had a response to treatment at six months (+/- 30 days) after initiating treatment, e.g., have had a Patient Health Questionnaire (PHQ-9) score decreased by 50% from initial score at six months (+/- 30 days).

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 May. 94 p. [295 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients who have had a response to treatment at six months (+/- 30 days) after initiating treatment, e.g., have had a Patient Health Questionnaire (PHQ-9) score decreased by 50% from initial score at six months (+/- 30 days).

RATIONALE

The priority aim addressed by this measure is to improve the outcomes of treatment for major depression.

PRIMARY CLINICAL COMPONENT

Major depression; response to treatment; Patient Health Questionnaire (PHQ-9) score

DENOMINATOR DESCRIPTION

Number of adult patients older than 18 years with a new primary care diagnosis* of major depression who have remained under depression management within their primary care clinic for six months

Suggested International Classification of Diseases, Ninth Revision (ICD-9) codes include: 296.2x, 296.3x.

*New diagnosis = no diagnosis in the six-month period prior to the target quarter.

NUMERATOR DESCRIPTION

Number of patients whose quantitative symptom assessment tool (Patient Health Questionnaire [PHQ-9]) administered six months (+/- 30 days) after initiating treatment, decreased by 50% or more from initial assessment tool administered

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Nurses
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age greater than 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

In a national survey from the World Health Organization of more than 9,000 adults age 18 and over, the prevalence of major depression was 6.7 percent.

EVIDENCE FOR INCIDENCE/PREVALENCE

Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry2005 Jun;62(6):617-27. PubMed

ASSOCIATION WITH VULNERABLE POPULATIONS

- Women (including pregnant and postpartum women). The rate of perinatal depression in the general population has been 10% to 15%. A recent large scale study by Kaiser Permanente concluded that during the time period measured, defined as 39 weeks prior to becoming pregnant through 39 weeks after delivery, the authors found approximately one in seven women was identified with and treated for depression, and more than half of these women had recurring indicators for depression.
- Depression in the elderly is widespread, often undiagnosed and usually untreated. The rate of depression in adults older than 65 years of age ranges from 7% to 36% in medical outpatient clinics and increases to 40% in the hospitalized elderly.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Dietz PM, Williams SB, Callaghan WM, Bachman DJ, Whitlock EP, Hornbrook MC. Clinically identified maternal depression before, during, and after pregnancies ending in live births. Am J Psychiatry2007 Oct;164(10):1515-20. PubMed

Gaynes BN, Gavin N, Meltzer-Brody S, Lohr KN, Swinson T, Gartlehner G, Brody S, Miller WC. Perinatal depression: prevalence, screening accuracy, and screening outcomes: summary. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2005 Feb. 8 p.(Evidence report/technology assessment; no. 119). [77 references]

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 May. 94 p. [295 references]

BURDEN OF ILLNESS

- Major depression is a treatable cause of pain, suffering, disability and death.
- The estimate of the lifetime prevalence of suicide in those ever hospitalized for suicidality is 8.6%. The lifetime risk is 4% for affective disorder patients hospitalized without specification of suicidality.
- Cardiovascular disease, diabetes and chronic pain are common comorbidities in patients with depression.
- Major depression is associated with an increased risk of developing coronary artery disease, and has also been shown to increase the risk of mortality in patients after myocardial infarction by as much as four-fold. Moderate to severe depression before coronary artery bypass graft (CABG) surgery and/or persistent depression after surgery increases the risk of death after CABG more than two-fold compared to non-depressed patients.
- Depression earlier in life increases the risk of developing diabetes by twofold.
- In a national survey from the World Health Organization (WHO), major depression was second only to back and neck pain for having the greatest effect on disability days, at 386.6 million U.S. days per year. In another WHO study of more than 240,000 people across 60 countries, depression was shown to produce the greatest decrease in quality of health compared to several other chronic diseases. Health scores worsened when depression was a comorbid condition, and the most disability combination was depression and diabetes.

EVIDENCE FOR BURDEN OF ILLNESS

Blumenthal JA, Lett HS, Babyak MA, White W, Smith PK, Mark DB, Jones R, Mathew JP, Newman MF, NORG Investigators. Depression as a risk factor for mortality after coronary artery bypass surgery. Lancet2003 Aug 23;362(9384):604-9. PubMed

Bostwick JM, Pankratz VS. Affective disorders and suicide risk: a reexamination. Am J Psychiatry2000 Dec;157(12):1925-32. PubMed

Frasure-Smith N, Lespérance F, Talajic M. Depression and 18-month prognosis after myocardial infarction. Circulation1995 Feb 15;91(4):999-1005. PubMed

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); May 2008. 84 p. [244 references]

Katon W, von Korff M, Ciechanowski P, Russo J, Lin E, Simon G, Ludman E, Walker E, Bush T, Young B. Behavioral and clinical factors associated with depression among individuals with diabetes. Diabetes Care2004 Apr;27(4):914-20. PubMed

Merikangas KR, Ames M, Cui L, Stang PE, Ustun TB, Von Korff M, Kessler RC. The impact of comorbidity of mental and physical conditions on role disability in the US adult household population. Arch Gen Psychiatry2007 Oct;64(10):1180-8. PubMed

Moussavi S, Chatterji S, Verdes E, Tandon A, Patel V, Ustun B. Depression, chronic diseases, and decrements in health: results from the World Health Surveys. Lancet2007 Sep 8;370(9590):851-8. PubMed

Rugulies R. Depression as a predictor for coronary heart disease: a review and meta-analysis. Am J Prev Med2002 Jul;23(1):51-61. [163 references] PubMed

Schonfeld WH, Verboncoeur CJ, Fifer SK, Lipschutz RC, Lubeck DP, Buesching DP. The functioning and well-being of patients with unrecognized anxiety disorders and major depressive disorder. J Affect Disord1997 Apr;43(2):105-19. PubMed

Wulsin LR, Singal BM. Do depressive symptoms increase the risk for the onset of coronary disease? A systematic quantitative review. Psychosom Med2003 Mar-Apr;65(2):201-10. [53 references] PubMed

UTILIZATION

Unspecified

COSTS

In the United States, depression costs employers $24 billion in lost productive work time.

EVIDENCE FOR COSTS

Stewart WF, Ricci JA, Chee E, Hahn SR, Morganstein D. Cost of lost productive work time among US workers with depression. JAMA2003 Jun 18;289(23):3135-44. PubMed

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Adults older than 18 years with a new primary care diagnosis* of major depression

The primary source of data would be a registry. Other possible sources include claims or encounter data, scheduling information, and list of diagnosis codes.

The suggested time period for data collection is a calendar month.

*New diagnosis = no diagnosis in the six-month period prior to the target quarter.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Number of adult patients older than 18 years with a new primary care diagnosis* of major depression who have remained under depression management within their primary care clinic for six months

Suggested International Classification of Diseases, Ninth Revision (ICD-9) codes include: 296.2x, 296.3x.

*New diagnosis = no diagnosis in the six-month period prior to the target quarter.

Exclusions
Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

DENOMINATOR TIME WINDOW

Time window is a fixed period of time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Number of patients whose quantitative symptom assessment tool (Patient Health Questionnaire [PHQ-9]) administered six months (+/- 30 days) after initiating treatment, decreased by 50% or more from initial assessment tool administered

Exclusions
Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Registry data

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

OUTCOME TYPE

Clinical Outcome

PRE-EXISTING INSTRUMENT USED

Patient Health Questionnaire (PHQ-9)

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV TR)

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients who have had a response to treatment at six months (+/- 30 days) after initiating treatment, e.g., have had a PHQ-9 score decreased by 50% from initial score at six months (+/- 30 days).

MEASURE COLLECTION

Major Depression in Adults in Primary Care Measures

DEVELOPER

Institute for Clinical Systems Improvement

FUNDING SOURCE(S)

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

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No work group members have potential conflicts of interest to disclose.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2008 May

REVISION DATE

2009 May

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); May 2008. 84 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 May. 94 p. [295 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of Patients Who Have Had a Response to Treatment at Six Months (+/- 30 Days) After Initiating Treatment, e.g., Have Had a PHQ-9 Score Decreased by 50% from Initial Score at Six Months (+/- 30 Days)," is published in "Health Care Guideline: Major Depression in Adults in Primary Care." This document is available from the Institute for Clinical Systems Improvement (ICSI) Web site.

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NQMC STATUS

This NQMC summary was completed by ECRI Institute on June 30, 2008. This NQMC summary was updated by ECRI Institute on December 7, 2009.

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